



St. Joseph School Registration Form

Student's Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ City of Birth: _____ Sex: _____

Father's Name: _____ Religion: _____

Occupation: _____ Marital Status: _____

Mother's Name: _____ Religion: _____

(First & Maiden)

Occupation: _____ Marital Status: _____

Student lives with: ____ both birth parents ____ birth mother & stepfather

____ birth father & stepmother ____ other: _____

Please indicate how you wish your mailings to be addressed:

Circle one: Mr. & Mrs. Mrs. Mr. Ms. Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Siblings' Names and Ages: _____

Parish Affiliation: _____ Bussing District: _____

Date of Baptism: _____ Parish: _____

Date of First Communion: _____ Parish: _____

Grade Entering: _____ School Last Attended: _____

How did you learn about our school? Family/Friend Internet Advertising Other

Today's Date: _____

Please submit this completed form to the school office. Thank you.

St. Joseph School
2 Summit Street, Batavia, NY
343-6154

Revised 5/6/11